

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06601

**Entity Name:** W & R INSURANCE AGENCY, INC.**Current Principal Place of Business:**6300 LAMAR AVENUE  
OVERLAND PARK, KS 66202**Current Mailing Address:**ATTN: JAMES D. HUGHES  
6300 LAMAR AVE.  
OVERLAND PARK, KS 66202**FEI Number:** 43-1357226**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	MILLER, WILLIAM J
Address	6300 LAMAR AVENUE
City-State-Zip:	OVERLAND PARK KS 66202

Title	TREASURER
Name	BLOSS, BRENT K
Address	6300 LAMAR AVENUE
City-State-Zip:	OVERLAND PARK KS 66202

Title	VP
Name	BUYLE, MARK P
Address	6300 LAMAR AVENUE
City-State-Zip:	OVERLAND PARK KS 66202

Title	SECRETARY
Name	HUGHES, JAMES D
Address	6300 LAMAR AVENUE
City-State-Zip:	OVERLAND PARK KS 66202

Title	DIRECTOR
Name	BUTCH, THOMAS W.
Address	6300 LAMAR AVENUE
City-State-Zip:	OVERLAND PARK KS 66202

Title	DIRECTOR
Name	BURKE, DEREK D.
Address	6300 LAMAR AVENUE
City-State-Zip:	OVERLAND PARK KS 66202

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JAMES D. HUGHES**SECRETARY****04/20/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date